

Unintended Pregnancies Related Factors and Induced Abortions in Turkey[✉]

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OBJECTIVE: Unintended pregnancies and induced abortions are major public health problems. To prevent these problems, it is important to understand the factors related to unintended pregnancy in Turkey.

STUDY DESIGN: A cross-sectional survey of 1012 women aged 15-49 were conducted in Middle Anatolia Region of Turkey. Women were selected from the population who applied to regional government hospitals. Incidence of unintended pregnancy and induced abortion, the factors associated with unintended pregnancy and abortion-seeking behaviour.

RESULTS: Thirty nine percent of all Turkish women of reproductive age reported having had an unintended pregnancy, and half of those reported ever having sought to terminate an unwanted pregnancy. Women with low socioeconomic status, low education level had higher unintended pregnancy and induced abortion rates (70% vs. 8%, 60% vs. 17%; 63% vs. 12%, 29.8% vs. 19% respectively).

CONCLUSION: Unintended pregnancy and induced abortion rates are high in Turkey. The provision of family planning counselling and information about these issues may reduce the incidence.

Key Words: Unintended pregnancy, Induced abortion, Contraception, Turkey

Gynecol Obstet Reprod Med;14:2 (80 - 83)

Introduction

Unintended pregnancies are either mistimed 'occurring sooner than the woman desired' or unwanted 'no further pregnancies desired'. Induced abortion is one of the consequences of unintended pregnancies. Induced abortion is a genuine public health problem with a rate of 11.3% in Turkey.¹ In developing world, where induced abortions are clandestine and abortion has been a crime, voluntary abortions become unsafe abortions. Legalisation of abortion occurred with Family Planning Act, 1983 in Turkey. According to the act about pregnancy termination, all women aged 18 or above are legally entitled to induced abortion on request with the consent of their

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Submitted for Publication: 05. 04. 2008

Accepted for Publication: 01. 05. 2008

✉: This study was presented as a poster in Turkish Gynecology and Obstetrics Association National Symposium, Antalya 25-29 Oct 2007

husbands. This application must be performed in a public hospital and before the end of the 10th gestational weeks and free of charge. Unintended pregnancies and induced abortion cause serious health problems for women even if abortion is legal.

Nearly half of unintended pregnancies represent contraceptive failure,² whereas the other half result from failure to use contraception.³ Psychological, cultural and structural properties influence sexual and reproductive behavior, including effective use of contraception, inconsistent or nonuse of contraceptives.

The reasons behind the high induced abortion rate among Turkish women are unclear. Education level, weak social network, poverty, unemployment, being outside common pathways to healthcare may influence the decision to have an abortion.⁴ Women younger than 25 year-old concern about the effect of having a child on education and career.^{5,6} The aim of this study was to explore the factors associated with unintended pregnancies, reasons and outcomes of induced abortions in Turkey. Improving the prevention of both unintended pregnancies and induced abortions, the reasons for choosing induced abortion, counselling to women who experience unintended pregnancies, identification of the determinants of contraceptive behavior were studied.

Material and Method

Data for this study come from a cross-sectional survey of

women in 2006 in Middle Anatolia Region of Turkey. Women aged 15-49 were selected from the population who applied to regional government hospitals, yielding a total sample size of 1012. In all, 1012 women were successfully interviewed and were included in our analysis. Prior to conducting interviews, the research protocol, including the study design, questionnaire, informed consent procedure and means of preserving respondents' confidentiality, was reviewed and approved by the Institutional Review Boards at the Afyon Kocatepe University.

Data were collected using a questionnaire administered during face-to-face interviews. Respondents were asked about their demographic, social characteristics. In addition, participants were asked about their pregnancy and fertility behaviors and preferences, history of contraceptive use, sexual activity, experiences with unintended pregnancy and induced abortion; but it was difficult to obtain information on unwanted pregnancies. Women may be reluctant to report a pregnancy as unwanted, and may be even more reluctant to give any reasons for the pregnancy they have terminated. Reproductive history, including the numbers of pregnancies and live births they had had, and their knowledge and experience with contraception were asked. To explore why the pregnancy was unwanted, interviewers asked respondents to indicate their reasons for not wanting the pregnancy. Respondents chose an item from a list of reasons or women were able to specify additional reasons in an open-ended response. Then, their single most important reason for not wanting the pregnancy was asked. Interviewers asked all respondents about their knowledge of contraceptive methods, which methods they had ever used.

The associations of the women's demographic, social characteristics with the outcome of unintended pregnancy and induced abortion were analyzed and reasons for the unwanted pregnancy and induced abortion were evaluated. All estimates were weighted. Significance tests were undertaken when appropriate. $P < 0.05$ considered as statistically significant.

Results

To assess the representativeness of the study population, the women's background characteristics were compared against having unintended pregnancy and induced abortion (Table I). Forty seven percent of the women were younger than 30 years of age, 90.7% were currently married at the time of the survey and 98.7% had at least one live birth. The majority lived in cities (83.1%). Eighty seven percent reported ever using a contraceptive method (9.6% hormonal contraception, 27.2% intrauterine device, 34.1% condom, 21.5% coitus interruptus, 7.4% tubal ligation).

Overall, 39% of the women reported having experienced an unintended pregnancy at some point in their lives. The pro-

portion of women who had an unplanned pregnancy was greater among women with children (40%) than among those without children (18.4%) and frequency of unintended pregnancy decreased while the education level increased ($P < 0.001$). Rate of unintended pregnancy was 60% among women those had primary education, at the university level the rate was 17%. Seventy percent of women of low socioeconomic status had an unintended pregnancy, compared with 22% of women of middle socioeconomic status and 8% of high socioeconomic status ($P < 0.001$). Women who reported ever or currently using contraceptive methods had greater frequencies of unintended pregnancy, compared with those who were not currently using a method (50%, 52 vs. 38%, 35%). Among the study population, women who had ever had an unintended pregnancy, 52.9% reported that they had sought to terminate an unintended pregnancy. Sixty seven percent of nulliparous women had sought an abortion, compared with 24% of women with children ($P = 0.013$). The proportion of women who had sought an abortion was greater among women those had primary education than university level (29.8%, 19% respectively, $P = 0.001$) and women with low and middle socioeconomic status than among those of high socioeconomic status (63%, 25% and 12% respectively, $P < 0.05$). Women living in urban areas were more likely to have sought an abortion than those living in rural areas (85%, 7% respectively; $P < 0.05$). Greater proportions of women who reported currently using contraceptives had sought an abortion than of those who were not currently practicing contraception (28%, 23% respectively).

The most common primary reason women cited for their attempt to terminate an unintended pregnancy was economic reasons (45%). Twenty six percent named spacing births as their primary reason, 7.6% named stopping childbearing, 21% problems with their partner, 15.7% working conditions, 2.5% being too young, 2% health problems.

Among nulliparous, the most frequently cited reasons for an unintended pregnancy were being too young or still in school (40%). Seventy one percent of nulliparous women were younger than twenty five year-olds. Twenty five percent of women aged 30-34 cited stopping or spacing births, this proportion was 35% for women aged 35-39 and 36% for those aged 40 and older.

Among women who had ever sought an abortion, we examined contraceptive use at the time of the most recent unintended pregnancy. Overall, 79% reported that they had been using a contraceptive method at the time the pregnancy conceived, but 60% of these women believe that they were using the method insufficiently or wrong.

Ninety nine percent of our study population composed from Muslims and 51% of the women believed that induced

abortion would not be performed after an unintended pregnancy and 76% of the study population perceived induced abortion as a crime. While the majority of the women knew the legality of the induced abortion (61%), 71% of them did not know the last gestational week that the abortion performed. Approval of induced abortion by the partner, 87% of the women believed this approval and 55% of them thought to continue the pregnancy if their partner wanted the unplanned pregnancy. Majority of the women believed that if they continued and delivered an unintended pregnancy, they would not reflect the unwanted feelings towards the child.

Table 1: Percentages of women who had ever had an unintended pregnancy and had ever sought an abortion

	% ever had an unintended pregnancy	% ever sought an abortion
All	39	52.9
Age		
<25	28.7	45.0
25-34	34.3	23.0
35-44	53.4	38.5
≥45	48.1	48.2
Education*		
Primary	60.0	29.8
Secondary	22.8	18.0
University	17.0	19.0
Socioeconomic status*		
Low	70.0	63.0
Middle	22.0	25.0
High	8.0	12.0
Residence		
Urban	40.5	85.0*
Rural	38.6	7.0
Ever used contraceptive*		
Using	50.0	32.1
None	38.0	27.5
Currently use contraceptive*		
Using	52.3	28.0
None	35.0	23.0

* $P \leq 0.05$

Discussion

Thirty nine percent of all Turkish women of reproductive age in this study reported having had an unintended pregnancy, and half of those reported ever having sought to terminate an unwanted pregnancy. Sexual and reproductive health education is not a part of the Turkish school curriculum and it is a general assumption that people living in Turkey are not well aware of basic physiology and how to avoid unwanted pregnancies. Insufficient information about contraception increased the rates of induced abortion.

Our findings suggest that millions of Turkish women have

confronted an unwanted pregnancy at some point of their lives. An unwanted pregnancy may terminate as an induced abortion and this carries substantial risks of morbidity or the pregnancy that is carried to term can result in an enormous change in a women's life.⁷ Effective family planning becomes very important and implies the women have an actual choice between different contraceptive methods. Also this requires that the women have knowledge about different contraceptive methods, their function and where to access them.

Our findings suggest that women who seek to end their unintended pregnancies tend to be older than 35 year-olds. The main reason for these women are stopping or spacing births. Women with high socioeconomic status have low unintended pregnancy rates. This reflects that they access different contraceptive methods and knowledge about their usage. Women aged younger than 25 year-olds have strong motivation to delay the start of childbearing. So their results increased induced abortion rates.

An important factor contributing to the high levels of unintended pregnancy and induced abortion in Turkey is the high rate of contraceptive failures reported by women requesting abortion. This means that many women who have induced abortions had actively tried to avoid an unwanted pregnancy. This finding is accordance with other studies which has documented that many women requesting induced abortion claim to have used contraception during the intercourse in which they most became pregnant.⁸⁻¹⁰ Reversible contraceptive methods are not always used perfectly and some degree of failure occurs with all reversible methods.¹¹

Carrying an unwanted pregnancy to term may be related with partner preference, socioeconomic conditions or religion.¹² Kramer et al.³ suggested that religious affiliation plays little to no role in determining individual-level behaviour among women who are sexually active. According to their data the exception is that among teenagers religious affiliation has a large effect. For adult women, religious affiliation could conceivably influence timing of marriage, beliefs about sex and childbearing outside the marriage, desired family size.¹³ Majority of our population compose from Muslims and they perceive induced abortion as a crime.

The limitations of the study were, like most population surveys of unintended pregnancy and abortion, it is likely that the levels observed in the study may underestimate the incidence of both unintended pregnancy and induced abortions, because of unwilling to report having had these both events. It is also difficult to elucidate the underlying reasons for failure to use contraceptives when pregnancy is not desired.

In conclusion, a great need for multifaceted approaches to increase awareness of, access to and use of contraceptives among Turkish women. Contraceptive behaviour is greatly af-

ected by access, availability, and cost; public policy attention to improving access to contraceptive services is vitally important.

Türkiye'deki İstenmeyen Gebelikler ve Küretaj

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İstenmeyen gebelikler ve küretaj önemli halk sağlığı problemlerinden biridir. İstenmeyen gebeliklerle ilgili faktörleri bilmek bu problemi çözmeye yardımcı olur.

Afyon ve Uşak illerinden 15-49 yaşları arasında çeşitli sebeplerle hastaneye gelen 1012 kadın araştırmaya dahil edildi. Araştırmaya katılmayı kabul eden olgulara istenmeyen gebelikler, küretaj, bunların sebepleri ve kullandıkları kontrasepsiyon yöntemleri ile ilgili soruları içeren anket formu uygulandı. Çalışmamızda olguların %39'unun reproduktif yaşlarında istenmeyen gebelik yaşadığı bunların da yarısının küretaj ile sonlandığı saptanmıştır. Sosyoekonomik seviyesi düşük olan olgularda istenmeyen gebelik %70, küretaj %60, sosyoekonomik düzeyi yüksek olanlarda istenmeyen gebelik %8, küretaj %17 bulunmuştur. Ayrıca eğitim düzeyi düşük olgularda istenmeyen gebelik %63, küretaj %29.8, eğitim düzeyi yüksek olan olgularda ise istenmeyen gebelik %12, küretaj %19 bulunmuştur.

Türkiye'de istenmeyen gebelik ve küretaj oranı yüksek bulunmuştur. Aile planlaması yöntemleri hakkında etkili eğitim ve bunların doğru kullanımının bu yüksek oranı düşüreceği kanaatindeyiz.

Anahtar Kelimeler: İstenmeyen gebelik, Küretaj, Kontrasepsiyon, Türkiye

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